County: Dodge CLEARVIEW NORTH 199 HOME ROAD

JUNEAU	53039	Phone: (920) 386-3400		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Co	njunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Bed	s Set Up and St	affed (12/31/03):	142	Title 18 (Medicare) Certified?	Yes
Total License	d Bed Capacity	(12/31/03):	142	Title 19 (Medicaid) Certified?	Yes
Number of Res	idents on 12/31	/03:	102	Average Daily Census:	99

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				96	
Home Health Care	No			Age Groups			23.5	
Supp. Home Care-Personal Care	No					1 - 4 Years	38.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	39.2	More Than 4 Years	27.5	
Day Services	No	Mental Illness (Org./Psy)	37.3	65 - 74	18.6			
Respite Care	No	Mental Illness (Other)	33.3	75 - 84	26.5		89.2	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	13.7	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.0	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0	0.0		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	0.0	65 & Over	60.8			
Transportation	No	Cerebrovascular	2.0			RNs	9.0	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	12.1	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.5	Male	44.1	Aides, & Orderlies	61.2	
Mentally Ill	Yes			Female	55.9	I		
Provide Day Programming for			100.0			I		
Developmentally Disabled	Yes				100.0			
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Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	234	74	79.6	113	0	0.0	0	5	62.5	215	0	0.0	0	0	0.0	0	80	78.4
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.1	165	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Traumatic Brain In	j 0	0.0	0	18	19.4	577	0	0.0	0	3	37.5	788	0	0.0	0	0	0.0	0	21	20.6
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		93	100.0		0	0.0		8	100.0		0	0.0		0	0.0		102	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	9.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	12.7		57.8	29.4	102
Other Nursing Homes	31.4	Dressing	22.5		60.8	16.7	102
Acute Care Hospitals	23.5	Transferring	40.2		43.1	16.7	102
Psych. HospMR/DD Facilities	17.6	Toilet Use	22.5		52.9	24.5	102
Rehabilitation Hospitals			53.9			19.6	102
Other Locations	3.9	* * * * * * * * * * * * * * * * * * *	******	*****	*****	******	*****
Cotal Number of Admissions	51	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.9	Receiving Resp	iratory Care	3.9
Private Home/No Home Health	39.2	Occ/Freq. Incontiner	nt of Bladder	70.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	50.0	Receiving Suct	ioning	0.0
Other Nursing Homes	15.7	_			Receiving Osto	my Care	1.0
Acute Care Hospitals	2.0	Mobility			Receiving Tube	Feeding	4.9
Psych. HospMR/DD Facilities	3.9	Physically Restraine	ed	31.4	Receiving Mech	anically Altered Diets	47.1
Rehabilitation Hospitals	2.0	1			-	_	
Other Locations	13.7	Skin Care			Other Resident C	haracteristics	
Deaths	23.5	With Pressure Sores		2.9	Have Advance D	irectives	28.4
otal Number of Discharges		With Rashes		4.9	Medications		
(Including Deaths)	51				Receiving Psyc	hoactive Drugs	48.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	% % Rat		Ratio	% Ratio		용	Ratio	ઇ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.8	88.1	0.92	87.2	0.93	88.1	0.92	87.4	0.92
Current Residents from In-County	28.4	55.3	0.51	78.9	0.36	69.7	0.41	76.7	0.37
Admissions from In-County, Still Residing	17.6	26.8	0.66	23.1	0.76	21.4	0.82	19.6	0.90
Admissions/Average Daily Census	51.5	57.4	0.90	115.9	0.44	109.6	0.47	141.3	0.36
Discharges/Average Daily Census	51.5	59.7	0.86	117.7	0.44	111.3	0.46	142.5	0.36
Discharges To Private Residence/Average Daily Census	20.2	17.8	1.14	46.3	0.44	42.9	0.47	61.6	0.33
Residents Receiving Skilled Care	78.4	85.9	0.91	96.5	0.81	92.4	0.85	88.1	0.89
Residents Aged 65 and Older	60.8	88.5	0.69	93.3	0.65	93.1	0.65	87.8	0.69
Title 19 (Medicaid) Funded Residents	91.2	76.4	1.19	68.3	1.33	68.8	1.32	65.9	1.38
Private Pay Funded Residents	7.8	18.1	0.43	19.3	0.41	20.5	0.38	21.0	0.37
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	70.6	47.1	1.50	39.6	1.78	38.2	1.85	33.6	2.10
General Medical Service Residents	27.5	21.1	1.30	21.6	1.27	21.9	1.25	20.6	1.34
Impaired ADL (Mean)	45.7	44.7	1.02	50.4	0.91	48.0	0.95	49.4	0.92
Psychological Problems	48.0	62.8	0.76	55.3	0.87	54.9	0.88	57.4	0.84
Nursing Care Required (Mean)	8.1	7.8	1.03	7.4	1.09	7.3	1.11	7.3	1.10